Winds shift for tobacco control in China

To any who doubt the importance of respiratory illness in China, the facts speak for themselves. One of every five deaths in China is due to a lung-related illness. And of the top ten contributors to China’s burden of disease, four are respiratory ailments.

Infectious pathogens play a part. In the past decade, poultry and livestock markets have given birth to emerging infectious diseases such as H7N9 influenza virus and SARS, prompting massive investment in disease surveillance by public health authorities. China is also grappling with an epidemic of tuberculosis. According to the Chinese Center for Disease Control and Prevention there are now 120,000 cases of multidrug-resistant tuberculosis in the country, 25% of the global total.

But the bulk of respiratory disease in China is non-communicable, the product of exposure to man-made agents. “We usually don’t think of epidemics as being caused by chronic diseases; we think of epidemics as being caused by infectious diseases”, says Neil Schluger, chief scientific officer of the World Lung Foundation. “But I think in many ways you could think of China as having an epidemic of chronic lung disease.”

That situation results from there being few places one can go in China without being exposed to risk factors for respiratory disease. In rural areas, where people are heavily reliant on solid fuels such as wood and coal for energy needs in the home, indoor air pollution is a grave problem. As of 2004, 420,000 premature deaths per year were attributed to indoor air pollution.

More frequently in the headlines is China’s outdoor ambient air pollution, which has garnered the country’s large eastern cities a reputation for pea-soup skies. Aaron Cohen, one of the investigators of the 2010 Global Burden of Disease study, says that the data suggest that as many as 1.2 million premature deaths in China in 2010 could be attributed to ambient outdoor air pollution. In Harbin in October this year, concentrations of PM2.5 pollution—fine particulate matter that is especially harmful to human health—in the air were as high as 1000 μg/m³; forty times the concentration deemed safe by WHO.

But the single greatest risk factor for respiratory disease in China is tobacco exposure. 9.5% of the country’s disease burden is attributable to smoking, and the present-day toll—one million annual premature deaths from direct tobacco exposure—is expected to rise to 2 million by 2030 and 3 million by mid-century, unless trends in smoking prevalence change.

Anyone concerned about health in China should care about tobacco exposure there, says Jeffrey Koplan, vice president of Global Health at Emory University (Atlanta, GA, USA), just as anyone concerned about tobacco exposure should care about China. “It is the epicentre of the worldwide tobacco epidemic”, he suggests. This point is reflected in the fact that one in every three smokers in the world lives in China. “There are other health issues as there are everywhere else, but when nearly 50% of your men smoke and there’s a danger of women starting, and you’re looking down the road at decades of increased heart disease, pulmonary disease, and cancer, this better be a priority.”

The features of tobacco use in China are not unique, says Judith Mackay, a senior policy advisor to WHO and an expert on tobacco control in Asia. “The product is the same. The harm is the same. And the action needed to be taken is the same.” Many of those prescriptions, worked out over decades of smoking prevention in the USA and the UK, were consolidated into the Framework Convention on Tobacco Control (FCTC), which China ratified in 2005. To meet its targets, the country will have to reduce tobacco use among people aged 15 years and older by 30% by 2025.

But progress so far has been slow. Although best practices for reducing tobacco use are well understood, it has been difficult to implement them in China. Recent efforts to add pictorial health warnings to cigarette packs and to raise taxes on cigarettes have stalled. And survey evidence shows that there are still large gaps in the population’s awareness of the risks of smoking. Less than a quarter of Chinese smokers believe that the practice causes lung cancer or lung illness, reports Samira Asma, chief of the Global Branch of the Office on Smoking and Health (US Centers for Disease Control and Prevention, Atlanta, GA, USA). And just one in six has thought recently about quitting. “The public still is not appreciating the harms that this product is causing, or that second-hand smoke exposure is causing.”
The fundamental challenge to promoting tobacco control in China is that the Chinese government is also in the business of tobacco sales. The China National Tobacco Corporation, a state-owned manufacturer of tobacco products with a virtual monopoly in the country, is the largest tobacco company in the world as measured by revenue. Its influence on public policy-making is substantial because it generates between 7% and 10% of Chinese government revenues. And the same ministry that manages the company—the Ministry of Industry and Information Technology—is responsible for implementing the measures of the FCTC.

Although this conflict of interest has obstructed change in the past, some observers have noted signals that the winds could be shifting. The country’s new president Xi Jinping has obstructed change in the past, but some observers have noted signs that the winds could be shifting. The country’s new president Xi Jinping might also be mustering for action. The Central Party School of the Communist Party of China, a highly influential think-tank within the Communist Party, is preparing to weigh in on this topic in the coming months—only the second time the school has addressed an issue of public health. A draft of the document for the boldness of its recommendations, including that responsibility over tobacco control be separated from responsibility for the tobacco monopoly. “The fact that such an influential and important body within the Communist Party is preparing to weigh in on this topic is an important development,” says Angela Pratt, a technical officer for WHO in Beijing.

There is broad agreement that the most achievable objective in the short term is passage of a national smoke-free law. Second-hand smoke kills some 100 000 Chinese people annually, so reducing the spaces where people are exposed would be a life-saving measure. And evidence from around the world has shown that smoke-free public places help shift social norms away from smoking. Many Chinese cities have passed such laws—most recently Harbin, Tianjin, and Qingdao—but a national law would greatly expand their reach. Municipal laws have also been weakly enforced, an issue that the Chinese government is also expected to release a report on tobacco control in the coming months—only the second time the school has addressed an issue of public health. A draft of the report was presented to a small group of outside experts earlier this year, and they commended the document for the boldness of its recommendations, including that responsibility over tobacco control be separated from responsibility for the tobacco monopoly. “The fact that such an influential and important body within the Communist Party is preparing to weigh in on this topic is an important development,” says Angela Pratt, a technical officer for WHO in Beijing.

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The government is considering reforms to consumption taxes overall, which could be implemented as early as next year, and would create a political opening for adjusting taxes on tobacco in the context of general reforms. “The tide has been changing”, says Hu. “I think the officials are willing to talk and listen.”

But no one doubts the road ahead is still a long one. And even as tobacco control advocates gather steam, Chinese cigarette production continues to increase. “Talk of the tobacco endgame or phrases like it continues to increase. ‘Talk of the tobacco endgame or phrases like it sounds wise and far-seeing, but we’re actually in a situation in China where cigarette production is increasing quite steeply in the last 15 years’, says Richard Peto, professor of medical statistics and epidemiology at the University of Oxford (Oxford, UK). “So I think we’ve got to admit that at the moment, we are losing in the medium term. This is not the tobacco endgame.”

Ted Alcorn